

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003 OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan

		0000 r Period)	NAIC Company Code	95467	Employer's ID Number	38-3204052
Organized under the Laws of	(-	Michigan	St	ate of Domic	ile or Port of Entry	Michigan
Country of Domicile		iviioriigari		states of Ame		wiioriigari
	Life Assident O. He	- Jala F 1				_
Licensed as business type:	Life, Accident & Hea		Property/Casual		ental Service Corporation []	· V 1
	Vision Service Corp				ealth Maintenance Organization [
	Hospital, Medical &	Dental Serv	vice or Indemnity []	IS	HMO, Federally Qualified? Yes] NO[X]
Incorporated	01/11/1994		Commenced E	Business	10/11/199	94
Statutory Home Office	171	17 W. Nine (Street and Nu			Southfield, MI 480 (City or Town, State and Zip	
Main Administrative Office		(0	,	/ Nino Milo F		
Main Administrative Office			17117 V	(Street and Nu		
	uthfield, MI 48075 Town, State and Zip Code)				248-559-5656 (Area Code) (Telephone Number)	
Mail Address	17117 W. Nin				Southfield, MI 48075	
Delegand and the of Danks	(Street and Numbe	r or P.O. Box)		47447 \\ \	(City or Town, State and Zip Code)
Primary Location of Books a	nd Records				ine Mile Rd, Suite 1600 treet and Number)	
	uthfield, MI 48075 Town, State and Zip Code)				248-331-4294 (Area Code) (Telephone Number)	
Internet Website Address	• •		١	www.glhp.con		
Statutory Statement Contact		Jamie S Lo			248-331-4294	
•		(Name)		-	(Area Code) (Telephone Number) (E 248-331-4517	Extension)
	love@glhp.com (E-mail Address)				(FAX Number)	
Policyowner Relations Conta	ıct		17117	W Nine Mile	Rd; Ste 1600	
So	uthfield, MI 48075	(Street and			248-559-5656	
	Town, State and Zip Code)			(A	rea Code) (Telephone Number) (Extension)
			OFFICERS			
President	Mark S	Schlussel	OFFICENS		etary Eric We	exler
Treasurer	Chris	Scherer			-	
		•	VICE PRESIDE	NTS		
Tim Hol			Janice Prewit		Dawn Ko	oehler
Eric Wex	ier		Chris Schere	r		
		DIRE	CTORS OR TE			
Mark Schlu Adika Nya			Chris Schere	ſ	Joanne	Jones
,						
0)				
State of	Michigan	ss				
County of	.Oakland	<i>)</i>				
reporting period stated above claims thereon, except as he or referred to is a full and treperiod stated above, and of Statement Instructions and a	e, all of the herein de erein stated, and that ue statement of all th its income and dedu Accounting Practices	scribed ass this statem le assets all ctions there and Proced	ets were the absolute ent, together with rela nd liabilities and of the from for the period en- dures manual except t	property of the december of the december of the exhibits, so condition and december of the extent	escribed officers of said reporting ne said reporting entity, free and schedules and explanations there and affairs of the said reporting er e been completed in accordance that: (1) state law may differ; or eccording to the best of their infor-	clear from any liens or ein contained, annexed ntity as of the reporting with the NAIC Annual (2) that state rules or
Mark Schlu Preside			Eric Wexler Secretary		Chris So Treas	
Subscribed and sworn to be	afore me this				. Is this an original filing? . If no,	Yes [X] No []
Subscribed and sworn to be 27 day of	February, 2004			D	1. State the amendment number	
					2. Date filed	02/27/2004
Luann Meitz		<u> </u>			3. Number of pages attached	

December 16, 2007

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7						
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted						
0199999 Total individuals												
Group subscribers:												
			ļ			-						
		-				+						
		-				+						
						•						
						•						
		•										
0200007 Group subscriber subtotal	n	n	n	n	n	n						
0299997 Group subscriber subtotal	9	9										
0299999 Total group	n	0	n	n	n	n						
0399999 Premiums due and unnaid from Medicare entities												
0299997 Group subscriber subtotal 0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities				74,696		74,696						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	0	0	0	74,696	0	74,696						
2000000 Alosiusiit aha noalan promiumo ado aha anpala (1 ago 2, Ellio 12)		•	·	14,000		14,000						

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables: First Health Advance PCS State of Michigan - Per Diem/DRG State of Michigan - Maternity Case Rate Air Logix - COPD.						
First Health	1,000,000	971,129				1,971,129
Advance PCS				144,512		144,512
State of Michigan - Per Diem/DRG				4,371,041		4,371,041
State of Michigan - Maternity Case Rate	299,983					299,983
Air Logix - COPD.	368,774					
0499999 Receivables not individually listed	4 000 757	074 400		. 545 550		7 455 400
0599999 Gross health care receivables	1,668,757	971,129	0	4,515,553	0	7,155,439

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims												
1	2	3	4	5	6 O 100 D	7						
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
Claims Unpaid (Reported) Detroit Medical Centers RX America	1,504,783	6,798	23,873	(3,213)	(33,936)	1,498,304						
RX America	1,033,818		25,075	(0,210)	(30,000)	1,033,818						
A Alliest Toda.	1,000,010					1,000,010						
			·····	·····								
			•••••••••••••••••••••••••••••••••••••••									
0199999 Individually listed claims unpaid	2,538,600	6,798	23,873	(3,213)	(33,936)	2,532,122						
0299999 Aggregate accounts not individually listed-uncovered		,700	20,070	(0,210)	(00,000)	0						
0399999 Aggregate accounts not individually listed-covered						0						
0499999 Subtotals	2,538,600	6,798	23,873	(3,213)	(33,936)	2,532,122						
0599999 Unreported claims and other claim reserves	, , , , , , , , , , , , , , , , , , , ,	-11.22	-,	1-1/	1-21000/	17,799,664						
0699999 Total amounts withheld						0						
0799999 Total claims unpaid						20,331,786						
0899999 Accrued medical incentive pool and bonus amounts						0						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	tted		
						7	8		
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current		
Individually Listed Receivables:									
Health Cor Inc	0			9,681,903	9,681,903				
Great Lakes Health Services	0			455,426	455,426				
FC Real Estate	0			138,893	138,893				
FC Acquistion	0			l	0				
Individually Listed Receivables: Health Cor Inc Great Lakes Health Services FC Real Estate FC Acquistion First Care Health Plan	0			953	953				
				l					
0199999 Individually listed receivables	0	0	0	10,277,175	10,277,175	0	0		
0199999 Individually listed receivables									
0399999 Total gross amounts receivable	0	0	0	10,277,175	10,277,175	0	0		

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
FC Acquisition				
	Vendor Collections	11,110	11,110	
0199999 Individually listed payables. 0299999 Payables not individually listed		11,110	11,110	0
0299999 Payables not individually listed				
0399999 Total gross payables		11,110	11,110	0

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

2/(11211 01/(1111 00)						
	1 Direct Medical	2 Calumn 1	3 Tatal	4 Calumn 2	5 Calumn 1	6 Calumn 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a %	Members	as a %	Expenses Paid to	Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	15,583,641	10.4		0.0		15,583,641
2. Intermediaries	0	0.0		0.0		0
3. All other providers	19,376,838	12.9		0.0		19,376,838
4. Total capitation payments	34,960,478	23.3	0	0.0	0	34,960,478
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	114,794,385	76.7	XXX	XXX		114,794,385
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX	,	
12. Total other payments	114,794,385	76.7	XXX	XXX	0	114,794,385
13. TOTAL (Line 4 plus Line 12)	149,754,864	100 %	XXX	XXX	0	149,754,864

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized	
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC	
	NONE					
9999999 Totals			XXX	XXX	XXX	

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,498,629		(836,211)		99,363	563,055
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	1,498,629	0	(836,211)	0	99,363	563,055



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc.

NAIC Group Code 0000 BUSINESS IN THE STATE	OF Michigan			1	DURING THE YE	AR 2003				(LOCA	TION) NAIC Compa	ny Code	95467
S.	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	92,553								92,553				
2 First Quarter	96,691								96,691				
3 Second Quarter	96,659								96,659				
4. Third Quarter	96,546								96 , 546				
5. Current Year	96,299								96,299				
6 Current Year Member Months	1,153,051								1,153,051				
Total Member Ambulatory Encounters for Year:													
7. Physician	0												
8. Non-Physician	0												
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	40,985								40,985				
11. Number of Inpatient Admissions	9,956								9,956				
12. Health Premiums Collected	0												
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	179,726,670								179,726,670				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	149 ,754 ,864								149 , 754 , 864				
18. Amount Incurred for Provision of Health Care Services	150,596,593								150,596,593				

(a) For health business: number of persons insured under PPO managed care products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc.

NAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated				DURING THE YE	AP 2002				(LOCA	TION) NAIC Compai	ay Codo	95467
NAIO GIOUD GOGE GOOD BOOINEGO IN THE STATE OF	Oursondated	Compre											
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	92,553	0	0	0	0	0	0	0	92,553	0	0	0	
2 First Quarter	96,691	0	0	0	0	0	0	0	96,691	0	0	0	(
3 Second Quarter	96,659	0	0	0	0	0	0	0	96,659	0	0	0	0
4. Third Quarter	96,546	0	0	0	0	0	0	0	96,546	0	0	0	0
5. Current Year	96,299	0	0	0	0	0	0	0	96,299	0	0	0	0
6 Current Year Member Months	1,153,051	0	0	0	0	0	0	0	1,153,051	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	C
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	40,985	0	0	0	0	0	0	0	40,985	0	0	0	C
11. Number of Inpatient Admissions	9,956	0	0	0	0	0	0	0	9,956	0	0	0	(
12. Health Premiums Collected	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	179,726,670	0	0	0	0	0	0	0	179,726,670	0	0	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	149 ,754 ,864	0	0	0	0	0	0	0	149 , 754 , 864	0	0	0	
18. Amount Incurred for Provision of Health Care Services	150,596,593	0	0	0	0	0	0	0	150,596,593	0	0	0	(

(a) For health business: number of persons insured under PPO managed care products 0

SCHEDULE A VERIFICATION BETWEEN YEARS

	Book/adjusted carrying value, December 31, prior year (prior year statement)	541,841
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	
	2.2 Totals, Part 3, Column 7	
	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	
	4.2 Totals, Part 3, Column 9	
	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	
_	6.2 Totals, Part 3, Column 8	
	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
	Book/adjusted carrying value at end of current period	
	Total valuation allowance	
	Subtotal (Lines 8 plus 9)	
	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	480,002
	SCHEDULE B VERIFICATION BETWEEN YEARS	
	SOMEDOLL D VEHILIOAM DET WEEK TEAMS	
_		0
	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	0
_	2.2 Additional investment made after acquisitions	
	Accrual of discount and mortgage interest points and commitment fees	
	Increase (decrease) by adjustment	
	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Amortization of premium	
	Increase (decrease) by foreign exchange adjustment	
	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	
	Total nonadmitted amounts	_
13.	Statement value of mortgages owned at end of current period	0
	SCHEDULE BA VERIFICATION BETWEEN YEARS	
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0
	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount	
	Increase (decrease) by adjustment	
	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Amortization of premium	
	Increase (decrease) by foreign exchange adjustment	
	Book/adjusted carrying value of long-term invested assets at end of current period	
	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	
	Total nonadmitted amounts	
	Statement value of long-term invested assets at end of current period	_
	Table 1 and	

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1

		Quality and Maturi	ا کان ity Distribution of All Bo			IA - SEU I		and NAIC Designation	e		
	1	2 Over 1 Year Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &	DA (Group 1)	_					0.0	0	0.0	1	
1.1 Class 1						U	0.0	0	0.0		-
1.2 Class 2							0.0	0	0.0		
1.3 Class 3						J	0.0	0	0.0	ļ	+
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0	<u> </u>	
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	1
2. All Other Governments, Schedules	D & DA (Group 2)	•	,							1	
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0	ļ	
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possession	s etc., Guaranteed, S	chedules D & DA (Grou	ıp 3)								
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
4. Political Subdivisions of States, Te	rritories and Possess	sions Guaranteed Sch	edules D & DA (Group	4)	Ů	Ů	0.0	•	0.10	<u> </u>	†
4.1 Class 1			I a br (aroup	-1 /		0	0.0	0	0.0	1	
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0	İ	
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	Λ	0	0	0	0.0	0	0.0	0	+
5. Special Revenue & Special Assess	v	v	odulos D & DA (Group	U	U	U	0.0	U	0.0	0	+
5.1 Class 1	I	., Non-Guaranteed, Scr	ieuuies υ α υκ (Group	3)	1	0	0.0	0	0.0		
5.1 Class 1 5.2 Class 2							0.0	U	0.0		+
							0.0		0.0		+
5.3 Class 3							0.0	U	0.0	ļ	+
5.4 Class 4						ļū		0			
5.5 Class 5		-				ļ	0.0	0	0.0		+
5.6 Class 6						0	0.0	0	0.0	1	1

0.0

0.0

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

							•	,			
	1	2	ity Distribution of All B 3 Over 5 Years Through	onds Owned December 4 Over 10 Years	er 31, at Book/Adjuste 5	ed Carrying Values by M	Major Types of Issues a 7 Col. 6 as a	and NAIC Designation 8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Place
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched	dules D & DA (Group 6	6)									
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffili	iated), Schedules D &	DA (Group 7)	•								
7.1 Class 1	1.000.000					1.000.000	100.0	1.000.000	100.0	1.000.000	
7.2 Class 2	, , , , , , , , , , , , , , , , , , , ,					0	0.0	0	0.0	, , , , , , , , , , , , , , , , , , , ,	
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	
8. Credit Tenant Loans, Schedules D	& DA (Group 8)	•	•								
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	iroup 9)	•								
9.1 Class 1	,					0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		

SCHEDULE D - PART 1A - SECTION 1 (continued)

		Quality and Maturi	ty Distribution of All B	onds Owned Decembe	r 31, at Book/Adjuste	d Carrying Values by N	lajor Types of Issues	and NAIC Designation			•
	1	2 Over 1 Veer Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	% From Col. / Prior Year	Traded	(a)
10. Total Bonds Current Year	i Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% OI LINE 10.7	Prior Year	Prior Year	rraded	(a)
	4 000 000	0	0	0	0	4 000 000	100.0	VVV	VVV	4 000 000	0
10.1 Class 1	1,000,000	U	U	U		1,000,000	100.0	XXXXX	XXX XXX	1,000,000	U
10.2 Class 2	U	U	U	U		U	0.0			U	U
10.3 Class 3	U	U	U	U		U	0.0	XXX	XXX	U	U
10.4 Class 4	D	U	0	U		(c) 0	0.0	XXXXXX	XXX	D	
10.5 Class 5			U	D		(c)0	0.0	XXX			
10.6 Class 6	4 000 000	0	U	0	0	(b) 4 000 000			XXX	4 000 000	0
10.7 Totals	1,000,000		0	U	U	(b)1,000,000	100.0	XXX	XXX	1,000,000	
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year	4 000 000	•		•	•	WWW	VVV	4 000 000	400.0	4 000 000	
11.1 Class 1	1,000,000	0	0	0	0	XXX	XXX	1,000,000	100.0	1,000,000	0
11.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	(a)	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c)()	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c)()	0.0	0	0
11.7 Totals	1,000,000	0	0	0	0	XXX	XXX	(b)1,000,000	100.0	1,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.2 Class 2						0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4			ļ			0	0.0	0	0.0	0	ХХХ
12.5 Class 5			ļ			0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7,											
Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1						0	0.0	0	0.0	XXX	0
13.2 Class 2						0	0.0	0	0.0	XXX	0
13.3 Class 3			ļ			0	0.0	0	0.0	XXX	0
13.4 Class 4			ļ			0	0.0	0	0.0	ХХХ	0
13.5 Class 5			ļ			0	0.0	0	0.0	XXX	0
13.6 Class 6						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7,											
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distribu	ution of All Bonds O	wned December 31.	at Book/Adjusted C	vpe of Issues						
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years	-		Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)		Ŭ		Ĭ							
1.1 Issuer Obligations						0	0.0	0	0.0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		1
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations						0	0.0	0	0.0		1
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		1
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		1
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		<u> </u>
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
3. States. Territories, and Possessions Guaranteed. Schedules D & DA (Group 3)	l .		I.								
3.1 Issuer Obligations						0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
3.3 Defined						0	0.0	0	0.0		ļ
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		ļ
3.6 Other						0	0.0	0	0.0		1
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	1
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	lules D & DA (Group 4)		•								
4.1 Issuer Obligations						0	0.0	0	0.0		1
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		.
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined						ļ0	0.0	QQ	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	1
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	Jules D & DA (Group 5)										
5.1 Issuer Obligations						0	0.0	0	0.0		.
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
5.3 Defined				ļ		0	0.0	0	0.0		
5.4 Other						0	0.0	0	0.0		.
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						_		_	0.0		
5.5 Defined				ļ		j	0.0	J	0.0		†
5.6 Other						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	1

SCHEDULE D - PART 1A - SECTION 2 (continued)

		Maturity Distribution	n of All Bonds Owned	December 31, at Book	/Adjusted Carrying Va	lues by Major Type an	d Subtype of Iss	sues			
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA	Group 6)		1								
6.1 Issuer Obligations						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)	.			-					-	
7.1 Issuer Obligations	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)	•	•								
8.1 Issuer Obligations]		0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D) & DA (Group 9)										
9.1 Issuer Obligations	1					0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based											
Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other	[0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	n	0.0	0	

13.8 Line 13.7 as a % of Col. 6.

13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan. Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

10 Over 5 Years Total From Col. 6 6 From Col. 7 Over 1 Year Over 10 Years Total Col. 6 as a % Total Publicly Total Privately hrough 10 Years Through 20 Years Over 20 Years Prior Year Distribution by Type 1 Year or Less Through 5 Years Current Year of Line 10.7 Prior Year Traded Placed 10. Total Bonds Current Year .1,000,000 .1,000,000 .100.0 .1,000,000 10.1 Issuer Obligations ...0.0 .XXX. XXX. 10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES XXX. ..0.0 10.3 Defined XXX 10.4 Other 0.0 XXX MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX XXX 0.0. 10.5 Defined XXX XXX 10.6 Other 0 0.0 10.7 Totals 1.000.000 1.000.000 .100.0 XXX XXX 1.000.000 10.8 Line 10.7 as a % of Col. 6 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year .1.000.000 XXX. .1.000.000 .100.0 1.000.000 11.1 Issuer Obligations XXX XXX. 11.2 Single Class Mortgage-Backed/Asset-Backed Securities ..0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES XXX. 11.3 Defined XXX. .0.0 XXX. XXX. ...0..0 11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 11.5 Defined XXX XXX 0.0 XXX XXX 0 0 11.6 Other 11.7 Totals 1.000.000 XXX XXX 1.000.000 .100.0 1.000.000 0.0 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 11.8 Line 11.7 as a % of Col. 8 100.0 100.0 12. Total Publicly Traded Bonds .100.0 .100.0 .1.000.000 12.1 Issuer Obligations .1.000.000 .1.000.000 .1.000.000 XXX. 12.2 Single Class Mortgage-Backed/Asset-Backed Securities .0.0 ..XXX. ...0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 12.3 Defined .0.0 ..0.0 ..XXX. .0.0 ..0.0 ..XXX. 12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX. 12.5 Defined .0.0 0.0 0.0 12.6 Other XXX 100.0 1,000,000 100.0 1.000.000 ,000,000 .000.000 XXX 12.7 Totals 0.0 0.0 0.0 100.0 XXX 100.0 12.8 Line 12.7 as a % of Col. 6. 100.0 .0.0 XXX XXX XXX 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 13. Total Privately Placed Bonds 0.0 0.0 13.1 Issuer Obligations 13.2 Single Class Mortgage-Backed/Asset-Backed Securities .0.0 0 0 XXX MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .0.0 13.3 Defined 0.0 XXX .0.0 ..0.0 XXX. 13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES .0.0 0.0 XXX 13.5 Defined 0.0 XXX 13.6 Other 0.0 13.7 Totals .0.0 XXX 0.0 0.0

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Schedule DA - Part 2 NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

1	Reinsi 2	urance Recoveral	ple on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curre	nt Year 6	7
NAIC	2	3	4	5	6	,
Company Code	Federal ID Number	Effective Date	OnoPoscon Incurance Company	Location		Unpaid Losses
21970	· · · · · · · · · · · · · · · · · · ·	10/01/2002 10/01/2003 - Non-Affiliates	OneBeacon Insurance Company	Boston, MA	84,834 0 84,834	0
0599999 - Accid	dent and Health	10/01/2003 - Non-Affiliates	UneBeacon Insurance Company	BOSTON, MA.		0
0699999 - Total	Is - Accident and	d Health			84,834	
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				
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0799999 - Tot					84,834	
0133333 - 101	ais				04,034	l

SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding :	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company Code	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			OneBeacon Insurance Company	Boston, MA								
21970 21970		10/01/2002			SSL/A SSL/A	1,029,924 215,890						
21970	T	10/01/2003	UneBeacon Insurance Company	Boston, MA	SSL/A	215,890						
0299999 -	- Total – Non-Aff	iliates	T	T	1	1,245,813						
		• • • • • • • • • • • • • • • • • • • •			•	• • • • • • • • • • • • • • • • • • • •						
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0399999	Totals	•				1,245,813						
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SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
	· · · · · · · · · · · · · · · · · · ·												
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1199999	Totals												

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Offilitea)												
		1 2003	2 2002	3 2001	4 2000	5 1999							
Α. (DPERATIONS ITEMS												
1.	Premiums	0	0	0	0	0							
2.	Title XVIII-Medicare	0	0	0	0	0							
3.	Title XIX-Medicaid	1,246	996	757	0	0							
4.	Commissions and reinsurance expense allowance		0	0	0	0							
5.	Total hospital and medical expenses		0	0	0	0							
В. І	BALANCE SHEET ITEMS												
6.	Premiums receivable		0	0	0	0							
7.	Claims payable		0	0	1,859	693							
8.	Reinsurance recoverable on paid losses	85	227	57	440	346							
9.	Experience rating refunds due or unpaid		0	0	0	0							
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0							
11.	Unauthorized reinsurance offset	0	0	0	0	0							
C. I	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)												
12.	Funds deposited by and withheld from (F)	0	0	0	0	0							
13.	Letters of credit (L)	0	0	0	0	0							
14.	Trust agreements (T)	0	0	0	0	0							
15.	Other (O)	0	0	0	0	0							

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	21,471,070		21,471,070
2.	Accident and health premiums due and unpaid (Line 12)	74,696		74,696
3.	Amounts recoverable from reinsurers (Line 13.1)	84,834		84,834
4.	Net credit for ceded reinsurance.	XXX	84,834	84,834
5.	All other admitted assets (Balance)	8,847,674		8,847,674
6.	Total assets (Line 26)	30,478,273	84,834	30,563,107
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	20,331,785	0	20 , 331 , 785
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	4,733,011		4,733,011
12.	Total liabilities (Line 22)	25,064,796	0	25,064,796
13.	Total capital and surplus (Line 30)	5,413,478	XXX	5,413,478
14.	Total liabilities, capital and surplus (Line 31)	30,478,274	0	30,478,274
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool.	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	84,834		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	84,834		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	84,834		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13	
				-		Income/	-						
					Purchases, Sales or	(Disbursements)							
					Exchanges of	Incurred in						Reinsurance	
					Loans, Securities,	Connection with		Income/		Amy Other Meterial		Recoverable/	
					Real	Connection with				Any Other Material Activity Not in the Ordinary Course of		(Develope)	
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses	
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve	
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit	
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)	
	. 38-3303214 . 38-3204052	HealthCor, Inc.		(6,445,918)		3,500					(6,442,418) 6,533,038 195,092		
	38-3204052	Great Lakes Health Plan Inc		7 024 949		(337,463) 350,644	(154,449)				6 533 038		
	38-3607324	Great Lakes Health Services		(310,000)		350 644	154,449			*	105 002		
	38-3258533	Great Lakes Health Services. FC Real Estate		(310,000)		(12,146)			*	†	(281, 177)	• • • • • • • • • • • • • • • • • • • •	
	38-3078624	First Care Health Plan		(200,001)		(160)					(160)		
	30-30/0024	FIRST Gare Hearth Fran				(100)					(100)		
		FC Acquisition											
	38-3258535					(4,376)		ļ		ļ	(4,376)		
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

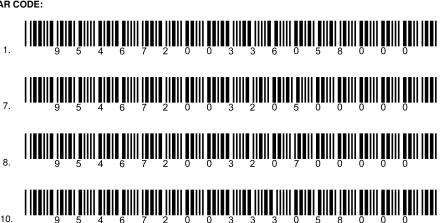
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes	[]	No	[X]
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[X]	No	[]
3.	Will an actuarial certification be filed by March 1?	Yes	[X]	No	[]
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[X]	No	[]
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[X]	No	[]
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[X]	No	[]
7.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No	[X]
8.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No	[X]
	APRIL FILING				
9.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X]	No	[]
10.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[]	No	[X]
11.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X]	No	[]
	JUNE FILING				
12.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X]	No	[]
EXPLA	ANATIONS:				
1.					
7.					
8.					

BAR CODE:

10



OVERFLOW PAGE FOR WRITE-INS

M016 Additional Aggregate Lines for Page 16 Line 4.

0404.	Prepaid Assets	801,574	216,349	(585, 225)
0405.	Intangible Amortization	(7,846,194)	(6,746,754)	1,099,440
0406.		,	0	0
0407.			0	0
0408.			0	0
0497.	Summary of remaining write-ins for Line 4 from Page 16	(7,044,621)	(6,530,405)	514,215